Group-based mental health and parenting support for adolescent girls and young women who are mothers in Kenya: a mixed-methods evaluation

Background

The 2022 Kenya Demographic & Health Survey (KDHS) suggests that 15 percent of women 15–19 years have ever been pregnant. The figure rises to 38 percent among women with no education. In addition, women 15–19 years in the lowest income quintile are three times as likely to have ever been pregnant compared to similar women in the highest income quintile. Moreover, there are significant regional variations (e.g., over half of women 15–19 years have ever been pregnant in Samburu County versus just over 4 percent in Nyeri). Pregnancy rates among women 20–24 years are considerably higher, with the 2014 DHS noting that the median age at first birth for women 25–29 years is 20.3 years.

Taken together, these statistics are concerning, as adolescent girls and young women (AGYW) who are mothers are twice as likely to suffer from depression compared to adult mothers, and their children may be at higher risk of having poor development. Yet, AGYW who are mothers generally do not receive targeted maternal mental health or parenting support.

To address this gap, PATH facilitated a co-creation process with the United States Agency for International Development (USAID) Nuru Ya Mtoto project, the PATH-implemented Chak a Chaka Project, and leading Kenyan nongovernmental organization (NGO), KMET, to design and pilot a parenting package targeting AGYW mothers and their significant others. Financial support was provided by the Conrad N. Hilton Foundation, and costs were shared with USAID Nuru Ya Mtoto and KMET.

Introduction

As a partner on the Determined, Resilient, Empowered, AIDS-free, Mentored and Safe (DREAMS) initiative, the USAID Nuru ya Mtoto project supports a range of initiatives to reduce HIV infections among AGYW—including peer group mentorship in community safe spaces. A situation analysis revealed that 15 percent of DREAMS AGYW 18–19 years and 42 percent of AGYW 20–24 years are already mothers, however, there are currently no programs within DREAMS supporting

AGYW as mothers. This is concerning, especially in light of stigma around teenage motherhood.

A previous pilot showed that when AGYW were encouraged to bring their children to safe spaces and play sessions were held for children, it was associated with an approximately 25 percent increase in retention of AGYW in such safe spaces. Since one of the stated goals for establishing safe spaces is to enable AGYW to receive peer support to realize a variety of goals related to their health and socioeconomic well-being, it was felt that the provision of parenting and maternal mental health support was within the scope of such safe spaces.

Chak a Chaka program officer talking to AGYW during a parenting session at Weta safe space, Homabay county. Photo: PATH.

Furthermore, as DREAMS safe spaces are dependent on donor funding, PATH decided to also test the provision of mental health and parenting support through existing community groups run by community

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health volunteers (CHVs) that are sustained through light-touch support from national NGOs, such as KMET.

To inform program design, several focus group discussions (FGDs) were carried out with AGYW mothers, their DREAMS mentors, and coordinators. FGD results showed that while AGYW felt a strong sense of identity as mothers and enjoyed interacting with their children, they felt a lack of emotional and economic support from their male partners.

Most AGYW were not aware of the importance of play and communication for the development of young children—especially for babies under one year of age—and the majority did not have homemade toys. Furthermore, there was a lack of protein-rich foods and healthy snacks in the diet of their children. While most AGYW shared concerns about parenting with a family member, there was very little in the way of peer support.

The FGDs were followed by a review of multiple packages promoting parenting and caregiver well-being, including: UNICEF's *Caring for the Caregiver*; the World Health Organization's *Thinking Healthy*; the parenting manual from the Msingi Bora group-based responsive stimulation and nutrition education intervention developed by McGill University; and the positive parenting manual developed by Catholic Relief Services for the USAID-funded Mwendo orphans and vulnerable children project.

Based on FGD results and a review of resources, PATH designed a parenting program consisting of 14 weekly sessions, designed to provide groups of 15–20 AGYW with support and skills to:

- Take care of their own well-being.
- Co-parent effectively.
- Have responsive, stimulating interactions with their children.
- Promote good nutrition for their children.

Each session included time for peer support and problem solving, as well as a children's game and a task to do at home. A CHV or volunteer was also engaged to facilitate a play session for the children of AGYW attending these sessions, using playthings made by the mothers themselves.

Furthermore, AGYW were asked to invite their male partners or significant others to join them for six of the sessions (i.e., those dealing with co-parenting, interpersonal relationships, and child development and nutrition).

The package was piloted between September 2022 and January 2023 with six groups in Homabay County in western Kenya. Of them, four were facilitated by DREAMS mentors, while two were set up by CHVs and received mentoring from KMET. The facilitators received an initial three-day training, intensive mentorship during the first sessions, and regular support thereafter.

Group photo for the first facilitators of the AGYW parenting session. Photo: PATH.

Evaluation design

The parenting program was evaluated using a mixed methods design to answer the following questions:

1. Does the parenting program generate sufficient interest and attendance from AGYW and their significant others?
2. Is the parenting program associated with improvement in AGYW parenting knowledge and practices?
3. Does the parenting program result in enhanced mental health and interpersonal relationships?
4. What are some areas for improving the program?

Quantitative baseline and endline data included attendance in parenting sessions, knowledge of parenting and nutrition practices, depressive symptoms, and support received from male partners. Depressive symptoms were assessed using the Patient Health Questionnaire-9 (PHQ-9). Knowledge was assessed using a questionnaire developed by PATH. Interpersonal relationships with male partners were assessed using a relationship support scale developed for the Msingi Bora evaluation. Qualitative data was collected at the end of the pilot through FGDs carried out with AGYW participating in parenting groups and in-depth interviews with parenting group facilitators. Due to funding constraints, it was not possible to conduct observations of AGYW parenting practices.

Evaluation results

Interest and attendance from AGYW and significant others

Of the 105 AGYW participating in the parenting program, 66 percent attended 11 or more sessions, which suggests sustained interest in the program. However, only 20 AGYW had a significant other present at one or more sessions, of whom only five had male partners in attendance. Male partners' preoccupation with income-generating activities and absence of dedicated outreach to men were cited as possible reasons for low male partner participation. When

significant others did attend, the sessions made a difference for them:

"I came with my grandmother who now takes positively everything I share with her concerning my baby, unlike previously. She finds a way to help reach a solution and that has brought me a lot of ease." (AGYW, Kuja safe space)

Parenting session at Kuja safe space, Homabay County. Photo: PATH.

Despite low attendance, 75 percent of AGYW reported that their partner or significant other has become more engaged in parenting as a result of the program. Several AGYW described sharing what they learned at the session, with their partner or mother, and reported increased support at home.

"I explain(ed) to him whatever we learned. After explaining, he took it well and even assisted me in doing what I asked of him. Whenever he is home and I am busy, say washing, he goes to feed the baby. He never did that before." (AGYW, Weta safe space)

Changes in AGYW parenting knowledge

83 percent of AGYW reported gaining new parenting skills as a result of the program, with knowledge scores around child development and feeding practices increasing by over 70 percent. FGDs suggested that the parenting program stimulated change in knowledge and reported behaviors in four areas: talking and playing with children and making playthings from locally available materials; use of positive discipline; improved child feeding; and safety at home.

Many AGYW described talking and playing with their children at home after they realized that these practices promote early learning.

"I learnt that the baby should not be left dull, there are a lot of games to play with the baby." (AGYW, Maguti safe space)

"I [now] talk to him, laugh with him as I keep doing the task." (AGYW, Weta safe space)

An AGYW playing with her child during a parenting session at Oindo safe space. Photo: PATH.

Regarding positive discipline, AGYW described learning alternatives to shouting and canning and recognizing the negative consequences of violent discipline.

"I learned that, if you use insults, the baby will similarly use these insults on adults, so we should watch our words." (AGYW, Kuja Safe space)

AGYW also noted learning about the importance of ensuring a safe environment for children in the household.

"I should always check when and who the child plays with to ensure there are like no sharp objects that can cause harm to the baby..." (AGYW, Oindo safe space)

Furthermore, AGYW improved awareness of providing children locally available protein-rich foods and fewer unhealthy snacks between mealtimes, as well as feeding children in a responsive, engaging manner.

"When we go to the market, we bring sweets and lollipops but these affect the baby's feeding as they prevent them from taking other food, say porridge." (AGYW, Oindo safe space)

"[I learned] that, when feeding a baby and he does not want to feed well, I should play and entice him, for example by using a colorful cup that attracts him." (AGYW, Kandiege safe space)

Such learnings were not restricted to AGYW but were also reported by several facilitators who described using some of the parenting practices with their own children or grandchildren.

"Facilitating this program has been a truly rewarding experience. I have gained new skills on parenting that I'm now applying on my grandchildren." (Facilitator)

"Last week when I went back home my child was wondering why I didn't cane her, yet she had made a mistake! Through facilitating in parenting program, I have learnt about positive disciplining." (Facilitator)

Changes in AGYW mental health and relationships

Participation in the parenting program was associated with a reduction in AGYW experiencing moderate depressive symptoms (from 33 to 23 percent), and severe depressive symptoms (from 5.6 to 2.7 percent). Not unexpectedly, there was a simultaneous increase in the percentage of AGYW presenting mild depressive symptoms, commensurate with the reduction in AGYW presenting moderate and severe depressive symptoms.

The parenting program was also associated with a nearly one-third reduction in AGYW reporting a negative relationship with their male partners—defined as the latter insulting and avoiding them, hurting them physically or emotionally, and making excessive demands from them. Conversely, there was also a slight reduction in AGYW reporting a positive relationship with their male partners—defined as the latter listening to them, praising them, helping them with tasks, and showing love to them and their children. This decrease may be attributed to partner suspicions about the parenting program as a consequence of there being no dedicated outreach to men.

Importantly, many AGYW were able to provide examples of how the parenting program helped them learn strategies to deal with stress and to improve interpersonal communication with their significant others.

"I learned that I may be stressed at times, but that should not keep me hidden indoors. I should share with someone I am convinced will help out and not people who would instead take my issues and gossip." (AGYW, Oindo safe space)

"…we had frequent quarrels at home and neither of us was willing to listen. Currently, I have learnt that we can have a sit down and solve those issues as adults even without seeking help from outside." (AGYW, Oindo safe space)

Areas for improvement

While the parenting program was acceptable to AGYW and group facilitators and deemed feasible to implement in existing group-based settings, such as DREAMS safe spaces and community groups facilitated by CHVs, several areas of improvement were identified. These included:

Revisions to training: Facilitators felt that the training could have been lengthier, with more opportunities for structured practice.

Revisions to content: To be on par with existing DREAMS asset-building programs, parenting program may need to be shortened from 14 to 10 sessions.

AGYW children's playing together during a parenting session at Kuja safe space. Photo: PATH.

Links to health services: There was an expressed need to link AGYW identified with moderate, moderately severe, and severe depressive symptoms with dedicated clinical services to address mental health. Furthermore, it was perceived that the parenting program should have emphasized the use of routinely available maternal and child health services by AGYW themselves—in addition to promoting responsive child stimulation and nutrition practices for their children.

Links to other supports: Several complementary interventions were proposed as important add-ons for future iterations of the program (e.g., linkages with economic strengthening initiatives, channeling AGYW who have successfully completed the program to become facilitators themselves, and piloting a "buddy" system where AGYW provide one-on-one support to younger, more vulnerable AGYW who can in turn learn from their buddy's experiences).

Outreach to male partners: Male participation in the parenting program was a persistent challenge, with the absence of dedicated outreach to male partners of AGYW highlighted as a key gap.

Next steps

As a next step, PATH will critically review the piloted program and the lessons learned and refine the model and the tools before testing them through a more systematic evaluation.

PATH will furthermore seek funding to implement a randomized controlled trial to generate evidence on program effectiveness and cost that is specific to the DREAMS platform. This evidence will then be used to advocate for adding AGYW parenting program as a routine asset building program for DREAMS AGYW that are mothers.